

2024

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
1. County Graham
District Safford
Town or City Safford

ORIGINAL CERTIFICATE OF DEATH
No. _____ (If death occurred in a hospital or institution, give its NAME instead of street number.)
State Index - - - - No. 97
County Registrar's - - No. _____
Local Registrar's - - No. 102

2. FULL NAME Andrew Jackson Carroll
(a) Residence. No. Safford
(Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Julia Carroll</u>			
6. DATE OF BIRTH (month, day and year) <u>Feb. 20 1863</u>			
7. AGE Years <u>65</u> Months <u>7</u> Days <u>29</u>	IF LESS than 1 day _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mason</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer			
9. BIRTHPLACE (city or town) (State or country) <u>Louisiana</u>			
10. NAME OF FATHER			
11. BIRTHPLACE OF FATHER (State or country) (city or town)			
12. MAIDEN NAME OF MOTHER			
13. BIRTHPLACE OF MOTHER (State or country) (city or town)			
14. Informant <u>Chas. Carroll</u> (Address) <u>Safford, Ariz.</u>			
15. Filed <u>Nov-8-</u> 1928 <u>J. N. Stultson</u> Local Registrar. Filed _____ 19 _____ V. S. No. 1 _____ County Registrar.			

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) Oct 19, 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928 to Oct 19, 1928
that I last saw him alive on Oct 19, 1928
and that death occurred, on the date stated above, at 5:45 p.m.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Don't know
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY arteriosclerosis
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted
If not at place of death? Don't know
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Lab.
(Signed) J. W. Langley M. D.
Oct 22 1928 (Address) Safford
* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION OR REMOVAL Kimball Ariz DATE OF BURIAL Oct 21 1928
20. UNDERTAKER H. C. Pearson ADDRESS Safford

THIS CERTIFICATE, WHEN COMPLETED, IS A PERMANENT RECORD. IT SHOULD BE KEPT IN A SAFE PLACE, AND SHOULD BE PRODUCED TO THE BUREAU OF VITAL STATISTICS, ARIZONA STATE BOARD OF HEALTH, WHEN REQUESTED. IT SHOULD BE KEPT IN A SAFE PLACE, AND SHOULD BE PRODUCED TO THE BUREAU OF VITAL STATISTICS, ARIZONA STATE BOARD OF HEALTH, WHEN REQUESTED.